

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3642</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Ricky</u> <u>Campbell</u> P.O. Box, Bldg., Room No., if any Street <u>493 Fontenot Ln</u> City <u>Lake Charles</u> State <u>Louisiana</u> ZIP Code + 4 <u>70607</u>	4. Name, file number, and address of labor organization. Name <u>Plumbers & Steamfitters UA Local 106</u> Labor Organization File Number <u>021-168</u> P.O. Box, Building and Room Number, if any Street <u>2013 Ryan Street</u> City <u>Lake Charles</u> State <u>Louisiana</u> ZIP Code + 4 <u>70601</u>
5. Position in labor organization. <u>Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Ricky Campbell</u>	On <u>03/16/2006</u> Date	<u>(337) 436-4373</u> Telephone Number

Name of Person Filing <u>Ricky Campbell</u>	File Number <u>U-</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Joint Plumbers & Steamfitters Ed. & Train. Fd</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. Box 1356</u></p> <p>Street _____</p> <p>City <u>Lake Charles</u></p> <p>State <u>Louisiana</u> ZIP Code + 4 <u>70602</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Joint Apprenticeship Training Programs for Labor Organization. (INSTRUCTOR)</u></p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p><u>Wages for instructing classes.</u></p> <p>12.b. Amount. \$6,725</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p> </p>

Name of Person Filing Ricky Campbell	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name P & S Local 106 Health & Welfare Fund</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street 822 North Lakeshore Dr</p> <p>City Lake Charles</p> <p>State Louisiana ZIP Code + 4 70601</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>Health & Welfare Trust Fund for Labor Organization (TRUSTEE)</p> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <p>Registration fee, hotel, airfare, meal reimbursement, rental car, and lost time wages for International Foundation of Employee Benefit meeting.</p> <p>12.b. Amount. \$2,895</p>

Name of Person Filing **Ricky Campbell**

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name **P & S Pension Trust Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **822 North Lakeshore Dr.**City **Lake Charles**State **Louisiana** ZIP Code + 4 **70601**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**Pension Trust Fund for Labor Organization.
(TRUSTEE)**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

**Registration fee, hotel, airfare, meal
reimbursement, rental car, and lost time wages for
International Foundation of Employee Benefit
meeting.**

12.b. Amount.

\$4,538

Name of Person Filing Ricky Campbell	File Number U-
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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>P & S Defined Contribution Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>822 North Lakeshore Dr.</u></p> <p>City <u>Lake Charles</u></p> <p>State <u>Louisiana</u> ZIP Code + 4 <u>70601</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><u>Defined Contribution Fund for Labor Organization.</u> <u>(TRUSTEE)</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. _____</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p><u>Registration fee, hotel, airfare, meal</u> <u>reimbursement, rental car, and lost time wages for</u> <u>International Foundation of Employee Benefit</u> <u>meeting.</u></p> <hr/> <p>12.b. Amount. \$391</p>